FBI would need to retain private information on a law-abiding citizen for any time at all, let alone for eighteen months, after that person has been determined not to be someone who is prohibited by law from owning a firearm. Any legitimate ''audit purposes'' could certainly be addressed without retaining such private information on file at the FBI.

Mr. President, later this year the Senate will be considering the Fiscal Year 1998 appropriations bill for the Commerce, Justice, and State Departments, the Judiciary, and related agencies. It is my intention to introduce an amendment to that bill as soon as it is reported to the Senate by the Committee on Appropriations. The text of my amendment will be as follows:

''None of the funds appropriated pursuant to this Act or any other provision of law may be used for (1) any system to implement 18 U.S.C. 922(t) that does not require and result in the immediate destruction of all information, in any form whatsoever, submitted by or on behalf of any person who has been determined not to be prohibited from owning a firearm; (2) the implementation of any tax or fee in connection with the implementation of 18 U.S.C. 922(t); provided, that any person aggrieved by a violation of this provision may bring an action in the federal district court for the district in which the person resides; provided, further, that any person who is successful with respect to any such action shall receive damages, punitive damages, and such other remedies as the court may determine to be appropriate, including a reasonable attorney's fee.''

I am taking the unusual step of notifying the Senate of my intention to offer this amendment in the hope that the Committee on Appropriations will consider including my proposed language in the Commerce, Justice, State, and the Judiciary appropriations bill when it is reported to the Senate.●

HONORING CROSS STREET A.M.E. ZION CHURCH ON ITS 175TH ANNIVERSARY

● Mr. DODD. Mr. President, I rise today to pay tribute to Cross Street African Methodist Episcopal Zion Church on the occasion of its 175th anniversary. This church, located in Middletown, Connecticut, has been a beacon of spiritual guidance in the community for many generations. In fact, Cross Street is the second oldest A.M.E. Zion Church in Connecticut and the seventh oldest in the world.

The church's tradition of moral leadership and service to its community dates back to its earliest years. The Reverend Jehiel Beamon, the son of a former slave from Colchester, Connecticut, was the first pastor at the church. Not only was he a leader within the church, but he was also an active abolitionist who helped found the Middletown Anti-Slavery Society. He was also president of the Connecticut State Convention of Colored Men, which worked to secure voting rights for African-Americans. Due to his involvement and activities in the community, this church was called ''The Freedom Church'' by many people.

Since that time, the church has been rebuilt and it has also moved. But while it has undergone physical changes, there has never been any wavering in the importance that this church holds for its congregation and surrounding community.

In the church's written history, it is said that ''the sole purpose for the church's formation was to secure a place for people of color to worship freely.'' But Cross Street A.M.E. Zion Church has become far more than simply a place of worship.

The members of Cross Street A.M.E. Zion have carried their message of hope beyond the church's walls and into the neighboring community. They are helping people in and around Middletown to deal with the difficult social problems of the modern day. They have initiated various projects to deal with issues ranging from homelessness to HIV. The people of Cross Street A.M.E. Zion Church are acting on their faith and they are reaching out to those in need to make their community a better place to live.

This past April, I had the opportunity to attend Cross Street A.M.E. Zion Church for its Palm Sunday services. I was struck by the deep sense of faith and hope among the congregation, and I was pleased to share in their worship on that day. I offer my heartfelt congratulations to the Cross Street A.M.E. Zion Church on its 175th anniversary. Theirs has been a very rich history, and I hope that the church will continue to play a positive role in the lives of its congregation and surrounding community for many years to come.●

RELEASE OF A NEW GAO REPORT PRIVATE HEALTH INSURANCE: DECLINING EMPLOYER COVERAGE MAY AFFECT ACCESS FOR 55- TO 64-YEAR-OLDS

● Mr. JEFFORDS. Mr. President, as the Chairman of the Committee on Labor and Human Resources, I have closely monitored Americans' access to health insurance coverage in order to have a better understanding of the trends and underlying causes of declining coverage. Today, I am releasing a new U.S. General Accounting Office (GAO) report, entitled Private Health Insurance: Declining Employer Coverage May Affect Access for 55- to 64-Year-Olds (GAO/HEHS–98–133). This report examines access of the ''near elderly'' population to employer-based and individually purchased private insurance. Specifically, the report discusses the employment, income, health, and health insurance status of the near elderly, their ability to obtain employer-based health insurance if they retire before becoming eligible for Medicare, and their health insurance coverage through the individual market or employer-based continuation insurance. The findings of this report will be the focus of a Labor Committee hearing scheduled for June 25, 1998.

This report and the related hearing have been prompted by a growing concern that several factors may converge to create the situation where a large number of 55- to 64-year-old Americans could lose, or have to pay considerably more for, health insurance coverage. Access to affordable health insurance is especially critical for this population, since their health status is worse than that of any other age group except the elderly who have the guarantee of Medicare.

The near elderly population can be characterized as a group in transition. Their employment status, income, and health are all changing. The GAO reports that currently about 14 percent of the near elderly have no health insurance. Although this rate is lower than that of the nonelderly population in general, the GAO found several disturbing trends that could lead to a substantial increase in the numbers of near elderly without health insurance coverage. This would be especially problematic, since the near elderly have 25 percent lower median family incomes, but 45 percent higher health care expenses than younger age groups. The economic impact would be even greater when ''baby boomers'' join the near elderly, swelling their ranks from 21 million now, to 35 million by 2010.

Most of the near elderly acquire health insurance coverage from one of the same three sources as individuals in other age groups: their employers, the individual private insurance market, or the Government. The main difference between coverage for the near elderly and the elderly is that all elderly qualify for Medicare, but only those near elderly who are ill or disabled qualify for public benefits. The main difference between coverage for the near elderly and younger populations is that a larger proportion of the near elderly are covered by public programs or have individual coverage through the private market. The near elderly are more likely to be willing to purchase individual coverage than younger age groups, because they are more averse to the risk of high health care costs.

The two main factors contributing to the trend for more near elderly to become uninsured are the loss of employer-based coverage and the rising costs of individual insurance. The GAO reports that in 1996, 65 percent of the near elderly had employer-based insurance; but, despite the strong economy, this coverage is being eroded, particularly as the near elderly retire. Already the rate of health coverage offered by large employers to retirees has fallen faster than that of coverage for active employees, from an estimated 60 to 70 percent in the 1980s to less than 40 percent now. In addition, retirees are

being asked to cover a larger share of the premiums. For example, in 1995, retirees contributed an average of $655 more for family coverage than did active workers. The higher costs have prompted some near elderly to drop coverage. The GAO reports that 27 percent of the 5.3 million retirees who discontinued employer-based benefits in 1994 cited expense as a factor.

Retirees also are finding that more employers are linking retirement health benefits to length of service. The GAO report cites the example of one company's requiring 35 years of service to qualify for the maximum employer contribution of 75 percent. This trend does not bode well for retirees who have changed jobs frequently.

The source of health insurance for the near elderly generally correlates with employment, health, and income status. The GAO reported that near elderly who had individual health insurance were more likely to be employed, be in good health, and have higher incomes than those on Medicare and Medicaid. The correlation is not absolute, however, because 20 percent of the uninsured had family incomes of more than $50,000 per year, and one-third of near elderly with individual insurance had incomes of less than $20,000. It should be noted that the latter figure may be misleading because this group may have less-expensive coverage, less-comprehensive benefits, or the income measured may not have included all of their resources.

In general, the near elderly are more likely than younger age groups to purchase insurance through the individual market if they lose employer-based coverage. Often, however, they find that they do not qualify because of preexisting conditions, or that the cost of individual coverage is prohibitive because premiums take into account the fact that this age group uses more medical services than younger age groups. The GAO found that premiums for individual coverage constituted 10 percent of the median family income for the married near elderly in Colorado, which is almost twice as much as the retiree share of employer-subsidized family coverage.

Some States have provisions guaranteeing access to some form of individual coverage, but in most States individual insurance for the near elderly is limited by exclusion of certain conditions or body parts, or denial of coverage. Chronic conditions that are common in this age group such as diabetes and heart disease, and even such non-life-threatening conditions as chronic back pain, may limit eligibility for coverage. Reform measures that have been considered or implemented to remedy these problems include initiatives to limit variation in premium rates; guarantees of certain products to all applicants; and State pools for those who have been rejected by at least one carrier. These measures have met with variable success. Overall, the GAO found that about 15 percent of all applicants were denied individual coverage, while many others were denied coverage for specific conditions.

Since 1986, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) has provided temporary access to health insurance for individuals of all ages who leave the work force. COBRA may be particularly important to the near elderly before they become eligible for Medicare. It is attractive for continuation coverage, because its premiums reflect lower group coverage rates, and it does not exclude preexisting conditions. However, several factors limit the near elderly's ability to use COBRA benefits: It is available only to retirees whose employers have at least 20 employees and who offer health insurance benefits; it lasts for only 18 months; and it may not be affordable since employers do not provide contributions. It also is important to note that many people who could benefit from this program do not know about it.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) also guarantees that some people who leave group coverage have access to individual coverage and cannot be excluded for preexisting conditions. However, HIPAA has stringent eligibility requirements, depends on exhausting COBRA or other continuation benefits, and places no limits on the cost of premiums.

Before HIPAA was enacted, individuals usually relinquished COBRA before they had used up all of their benefits. The impact of HIPAA on the use of COBRA remains to be determined, but cost may prevent many near elderly from being able to afford to take advantage of either. The GAO reports that whereas one company paid almost the entire cost of health benefits for active employees, the COBRA cost ranged from about $5,600 to almost $8,000 per year for family coverage. This is a great deal of money, particularly for people who are taking advantage of the program because they are leaving the work force.

I believe the GAO report, Private Health Insurance: Declining Employer Coverage May Affect Access for 55- to 64-Year-Olds (GAO/HEHS–98–133), will be an important resource as Congress considers proposals to expand health insurance coverage.

Mr. President, I ask that excerpts of the executive summary of the report be printed in the RECORD.

The material follows:

PRIVATE HEALTH INSURANCE DECLINING EMPLOYER COVERAGE MAY AFFECT ACCESS FOR 55- TO 64-YEAR-OLDS

EXECUTIVE SUMMARY

PURPOSE

A series of age-related transitions heighten the importance of health insurance to 55- to 64-year-old (near elderly) Americans and could place them at greater risk of losing, or paying considerably more for, coverage. Too young to qualify for Medicare, many near elderly are considering retirement or gradually moving out of the workforce. These events may be related to worsening health, job displacement, or simply the desire for more leisure time. Since health insurance for most Americans is an employment-related benefit, retirement may necessitate looking for another source of affordable coverage. However, insurance purchased directly in the individual market or temporary continuation coverage purchased through an employer are typically expensive alternatives and may not always be available. Their affordability, moreover, may be exacerbated both by declining health and the reduction in income associated with retirement. For some near elderly, an alternative to retiring without insurance is simply to continue working.

The Chairman, Senate Committee on Labor and Human Resources, requested GAO to assess the ability of Americans aged 55 to 64 to obtain health benefits through the private market—either employer-based or individually purchased. In particular, he requested an examination of the available evidence on the near elderly's health, employment, income, and health insurance status; ability to obtain employer-based health insurance if they retire before becoming eligible for Medicare; and use of and costs associated with purchasing coverage through the individual market or employer-based continuation insurance.

To provide the Congress with information about the near elderly and their ability to obtain health insurance, GAO analyzed the March 1997 Current Population Survey (CPS), a source widely used by researchers; reviewed the literature on employer-based health benefits for early retirees; interviewed employers, benefit consultants, insurers, and other experts knowledgeable about retiree health issues and the individual insurance market; and updated information provided in previous GAO reports.

Background

Like most Americans, over 80 percent of the near elderly have access to some type of health insurance—either comprehensive or partial. Nevertheless, continued access to health insurance is a primary concern for some 55- to 64-year-olds who retire early or who lose access to employer-based coverage. First, Medicare is not generally available until one reaches age 65. Second, most Americans under age 65 rely on coverage provided by an employer—a link that may be severed by retirement, a voluntary reduction in hours, or job displacement. The existing alternatives to employer-based coverage for the near elderly are (1) individually purchased insurance, (2) temporary continuation coverage from a former employer, (3) public programs such as Medicare and Medicaid, and (4) becoming uninsured. Among those aged 55 to 64, Medicare or Medicaid are available only to the very poor or the disabled.

Some near elderly may encounter difficulty in obtaining comprehensive, affordable coverage through the individual market or in obtaining any health coverage at all. The high cost of individual insurance often mirrors the near elderly's greater use of medical services compared with younger age groups. Moreover, some individuals may be denied individual insurance because of preexisting health conditions. Retirees whose jobs provided health benefits that ended at retirement, however, may continue temporary coverage for up to 18 months under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). Only firms with 20 or more employees who offer health insurance to active workers are required to provide COBRA continuation coverage. When available, COBRA coverage may entail substantial out-of-pocket costs, because the employer is not required to pay any portion of the premium. For eligible individuals leaving group coverage who exhaust any available COBRA or other conversion coverage,

the Health Insurance Portability and Accountability Act of 1996 (HIPAA) guarantees access to the individual market, regardless of health status and without coverage exclusions. The premiums faced by some individuals eligible for a HIPAA guaranteed access product, however, may be substantially higher than the prices charged to those in the individual market who are healthy.

Persons seeking an alternative to employer-based coverage may go through a common mental calculus in which health status and cost play a prominent role. For someone healthy, there are no access barriers to the individual market and the cost may be lower than COBRA, especially if he or she buys a policy with a higher deductible. For someone with a health condition who wants comprehensive coverage, the individual market may not be an option because of health screening by insurers—a process that can result in the denial of coverage or the exclusion of preexisiting conditions. However, COBRA, if available, has no such screening and should be more affordable than individually purchased insurance because of economies of scale and reduced administrative costs that result in lower premiums for group coverage. HIPAA's group-to-individual portability now provides a link between COBRA and the individual market for those who are eligible, but it is too early to judge the extent to which unhealthy consumers will utilize this option.

Results in Brief

Though the near elderly access health insurance differently than other segments of the under-65 population, their overall insurance picture is no worse and is better than that of some younger age groups. These differences, however, may not portend well for the future. Since fewer employers are offering health coverage as a benefit to future retirees, the proportion of near elderly with access to affordable health insurance could decline. The resulting increase in uninsured near elderly would be exacerbated by demographic trends, since 55- to 64-year-olds represent one of the fastest growing segments of the U.S. population.

The current insurance status of the near elderly is largely due to (1) the fact that many current retirees still have access to employer-based health benefits, (2) the willingness of near-elderly Americans to devote a significant portion of their income to health insurance purchased through the individual market, and (3) the availability of public programs to disabled 55- to 64-year-olds. Today, the individual market and Medicare and Medicaid for the disabled often mitigate declining access to employer-based coverage for near-elderly Americans and may prevent a larger portion of this age group from becoming uninsured. The steady decline in the proportion of large employers who offer health benefits to early retirees, however, clouds the outlook for future retirees. In the absence of countervailing trends, it is even less likely that future 55- to 64-year-olds will be offered health insurance as a retirement benefit, and those who are will bear an increased share of the cost. Although trends in employers' required retiree cost sharing are more difficult to decipher than the decisions of firms not to offer retiree health benefits, the effects may be just as troublesome for future retirees. Thus, some additional employers have tied cost sharing to years of service; consequently, retirees who changed jobs frequently may be responsible for most of the premium.

Moreover, access and affordability problems may prevent future early retirees who lose employer-based health benefits from obtaining comprehensive private insurance. The two principal private insurance alternatives are the individual market and COBRA continuation coverage. With respect to individual insurance, the cost may put it out of reach of some 55- to 64-year-olds—an age group whose health and income is in decline. For example, the premiums for popular health insurance products available in the individual markets of Colorado and Vermont are at least 10 percent and 8.4 percent, respectively, of the 1996 median family income for the married near elderly. In contrast, the average retiree contribution for employer subsidized family coverage is about one-half of these percentages. The near elderly who are in poorer health run the risk of paying even higher premiums, having less comprehensive coverage offered, or being denied coverage altogether. Thirteen states require insurers to sell some individual market products to all who apply, and about 20 states limit the variation among premiums that insurers may offer to individuals. GAO found that conditions such as chronic back pain and glaucoma are commonly excluded from coverage or result in higher premiums. Furthermore, significant variation exists among the states that limit premiums: A few require insurers to community-rate the coverage they sell—that is, all those covered pay the same premium—while other states allow insurers to vary premiums up to 300 percent or more.

COBRA is only available to retirees whose employers offer health benefits to active workers, and coverage is only temporary, ranging from 18 to 36 months. Information on the use of COBRA by Americans is spotty. Although 55- to 64-year-olds who become eligible for COBRA are more likely than younger age groups to enroll, the use of continuation coverage by early retirees appears to be relatively low. Since new federal protections under HIPAA—ensuring access to individual insurance for qualifying individuals who leave group coverage—hinge on exhausting COBRA, the incentives for enrolling and the length of time enrolled could change. Because employers generally do not contribute toward the premium, the cost of COBRA may be a factor in the low enrollment, even though similar coverage in the individual market may be more expensive. In 1997, the average insurance premium for employer-based coverage was about $3,800. However, there is significant variation in premiums due to firm size, benefit structure, locale, demographics, or aggressiveness in negotiating rates. For one company, total health plan premiums in 1996 for early retirees ranged from about $5,600 to almost $8,000 for family coverage. Since this firm paid the total cost of practically all of the health plans it offered to current workers, the COBRA cost would have come as a rude awakening to retirees . . .●

PROGRESS IN NIGERIA?

● Mr. FEINGOLD. Mr. President, I rise for the second time in less than two weeks to comment on the extraordinary events taking place in Nigeria.

Earlier this week, Nigeria's new leader, Gen. Abdulsalam Abubakar, released nine of the country's best known political prisoners. I welcome this step, with the hope that the release of these individuals demonstrates a commitment to enact true democratic reform in this troubled West African country.

These individuals include some of Nigeria's top political, labor and human rights leaders. For the record, I will list their names here.

General Olusegun Obassanjo (rt.), a former head of state and the only military leader to turn over power to a democratically elected civilian government and who has played a prominent role on the international stage as an advocate of peace and reconciliation. He had been sentenced following a secret trial that failed to meet international standard of due process over an alleged coup plot that has never been proven to exist.

Frank Kokori, Secretary General of the National Union of Petroleum and Natural Gas Workers (NUPENG). He was arrested in August 1994, although charges have never been filed.

Chris Anyanwu, Editor-in-Chief and publisher of The Sunday Magazine.

Human rights activist Dr. Beko Ransome-Kuti.

Milton Dabibi, Secretary General of the Petroleum and Natural Gas Senior Staff Association (PENGASSAN), who was arrested in January 1996 for leading demonstrations against the canceled 1993 elections and against government efforts to control the labor unions.

Politician Olabiyi Durojaye.

Former Sultan of Sokoto, Ibrahim Dasuki.

Former state governor Bola Ige.

Uwen Udoh, democracy campaigner.

Mr. President, these individuals have all played an important role in Nigeria, and were all arrested under circumstances that confirm our worst fears of the overarching power of the military in Nigeria. Their release is significant.

That said, I do not want to become overly enthusiastic about the situation in Nigeria. For despite this great gesture, hundreds of other political prisoners remain in detention—often without charge. Prominent among these remaining prisoners, is, of course Chief Moshood Abiola, presumed winner of the 1993 presidential election, who was thrown in jail on charges of treason. Whatever his role might be in any upcoming transition process, his release and some meaningful acknowledgment of his annulled mandate is key to that process.

On top of that, numerous repressive decrees remain in force, including the infamous State Security [Detention of Persons] Decree #2, which gives the military sweeping powers of arrest and detention. The existence of such decrees would allow the military to re-arrest any of the prisoners released this week at any time.

Mr. President, I recently introduced S. 2102, The Nigerian Democracy and Civil Society Empowerment Act of 1998, which calls on the United States to encourage the political, economic and legal reforms necessary to ensure the rule of law and respect for human rights in Nigeria and to aggressively support a timely and effective transition to democratic, civilian government for the people of Nigeria.

Among other policy initiatives, this bill establishes a set of benchmarks regarding the transition to democracy. These benchmarks include a call for